Case 2:17-bk-52874 Doc 26 Filed 07/19/17 Entered 07/19/17 15:45:26 Desc Main Document Page 1 of 4

Fill in this information to	o identify your case:	
Debtor 1	Kevin C Raymond	
Debtor 2 (Spouse, if filing)	Valerie J Raymond	
United States Bankrupt	tcy Court for the: SOUTHERN DISTRICT OF OHIO	
	7-bk-52874	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Electrician/Foreman	Not Employed
	Include part-time, seasonal, or self-employed work.	Employer's name	Thompson Electric, Inc	_ :
	Occupation may include student or homemaker, if it applies.	Employer's address	49 Northmoreland Avenue Munroe Falls, OH 44262	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 8,919.73 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 8,919.73 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1 tor 2	Kevin C Raymond Valerie J Raymond	_	Cas	se number (if kn	nown)	2:17	7-bk-528	374	
	Con	y line 4 here	4.	F	or Debtor 1 8,919	73		r Debtor n-filing s		
	July	y line 4 nere	•	Ψ	0,515	5	Ψ_		0.00	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,673		\$_		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$		0.00	\$_		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$		0.00	\$_		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ \$).00).00	\$_ \$		0.00	_
	5f.	Domestic support obligations	5f.	\$		0.00	\$ \$		0.00	_
	5g.	Union dues	5g.	\$.12	\$		0.00	_
	5h.	Other deductions. Specify: U Working Assessment/Health Ins	5h	⊦ \$	2,196		+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	4,094	.61	\$		0.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,825	.12	\$		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			·					_
		monthly net income.	8a.	\$		0.00	\$_		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		\$		0.00	\$_		0.00	_
	8d.	settlement, and property settlement.	8c. 8d.	\$ \$		0.00	\$_ \$		0.00	_
	8e.	Unemployment compensation Social Security	8e.	\$		0.00	\$_		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0	0.00	\$_ \$_		0.00	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g. 8h.+			0.00	· · _		0.00	
	OH.	Other monthly moonie. Specify.	_ 011.7	- Ψ		.00	ΤΨ_		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0	0.00	\$_		0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,825.12	+ \$		0.00	= \$ _	4,825.12
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper							0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12.	\$	4,825.12
13	Do	ou expect an increase or decrease within the year after you file this form	?					·	Combi monthl	ned ly income
10.		No.	•							
		Yes. Explain: Debtor Mr. weekly income reflects the per diems	(app	roxi	mately \$33	4.00	per v	veek) pı	ovided	d by

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			1		
	tor 1	Kevin C Ray				Che	eck if this is:	
		noviii o may	monu				An amended filing	
	otor 2 ouse, if filing)	Valerie J Ray	ymond				A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: SOUTH	HERN DISTRICT OF OHIC)		MM / DD / YYYY	
	e number 2:	17-bk-52874						
Of	fficial Fo	rm 106J				l		
So	chedule	J: Your	Exper	nses				12/1
Be info nur	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	s possible eded, atta ry questio	. If two married people and the control of the cont				
Par 1.	Is this a joir	ibe Your House nt case?	noia					
	☐ No. Go to							
			in a separ	ate household?				
	■ N	0		ial Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of Del	otor 2.	
2			_	, ,				
2.	•	e dependents?	_ 110	===				
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		22	Yes
					Davadatas		24	□ No
					Daughter			■ Yes
								□ No □ Yes
								□ res
								☐ Yes
3.	expenses o	penses include f people other t d your depende	han 🖂	No Yes				
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \text{\text{'}}			Your exp	enses
4.		or home owners		nses for your residence.	nclude first mortgage	e 4.	\$	0.00
	If not include	•	o ground c			·		
	4a Back	ostato tavos				40	¢	0.00
		estate taxes rty, homeowner's	s. or renter	's insurance		4a. 4b.	·	0.00 0.00
	•	•		upkeep expenses		4c.		50.00
		owner's associat				4d.	·	0.00

Additional mortgage payments for your residence, such as home equity loans

0.00

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	evin C Raymond alerie J Raymond	Case num	ber (if known)	2:17-bk-52874
. Utilities	:			
6a. El	ectricity, heat, natural gas	6a.	·	275.00
	ater, sewer, garbage collection	6b.	\$	79.12
	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. O	ther. Specify: Cell Phones	6d.	\$	180.00
С	able Bundle		\$	150.00
. Food ar	nd housekeeping supplies	7.	\$	675.00
Childca	re and children's education costs	8.	\$	0.00
. Clothing	g, laundry, and dry cleaning	9.	\$	65.00
0. Persona	al care products and services	10.	\$	75.00
 Medical 	and dental expenses	11.	\$	250.00
2. Transpo	ortation. Include gas, maintenance, bus or train fare.	40	•	440.00
	nclude car payments.	12.	·	440.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ble contributions and religious donations	14.	\$	0.00
5. Insuran				
	nclude insurance deducted from your pay or included in lines 4 or 20. fe insurance	15a.	\$	0.00
	ealth insurance	15a. 15b.		0.00
	ehicle insurance	15b.	\$	125.00
	ther insurance. Specify:	15d.	•	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
Specify:		16.	\$	0.00
7. Installm	ent or lease payments:			
	ar payments for Vehicle 1	17a.	\$	0.00
17b. C	ar payments for Vehicle 2	17b.	\$	0.00
17c. O	ther. Specify:	17c.	\$	0.00
17d. O	ther. Specify:	17d.	\$	0.00
	yments of alimony, maintenance, and support that you did not report as	i 18.	\$	0.00
	ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). ayments you make to support others who do not live with you.	10.	\$	0.00
Specify:	·	19.	Φ	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Scho		ur Income	
	ortgages on other property	20a.		0.00
	eal estate taxes	20b.		0.00
20c. P	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
	aintenance, repair, and upkeep expenses	20d.		0.00
	omeowner's association or condominium dues	20e.	\$	0.00
1. Other: 9	Specify: Job Per Diem	21.	+\$	320.00
	Resistant Clothing		+\$	14.00
	onal Monthly Job Expenses (\$200 per week)		+\$	867.00
				3333
	te your monthly expenses		· ·	2 525 42
	d lines 4 through 21.		\$	3,565.12
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.		\$	3,565.12
	te your monthly net income.			.
	opy line 12 (your combined monthly income) from Schedule I.	23a.	·	4,825.12
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	3,565.12
23c. S	ubtract your monthly expenses from your monthly income.			4 000 00
	ne result is your monthly net income.	23c.	\$	1,260.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: Transportation Expense-Debtor Mr. is required to travel 50 or more miles for his job.

Other monthly expenses are the per diems for lodging, food and clothing given to Debtor Mr. on each pay advice. He also incurs approximately \$200 additional expenses per week that are out of pocket.